Send Completed to Form to:

Augusta-Richmond County Emergency Management Agency
911 4th Street
Augusta, Georgia 30901
706-821-1155

People With Special Needs Database Client Information Sheet

Name _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Alternate Phone _____ E-mail Address _____

Date of Birth _____/_____/_____ Height _____ Weight _____

Directions to individual's home (include subdivision name, if applicable): _____

_____

_____

_____

_____

_____

Nearest emergency contact outside of household: Relative _____ Neighbor _____ Friend _____

Name _____

Address _____

City _____State _____ Telephone (_____) _____-_____; (_____) _____-_____

Local Emergency Contacts

Name _____ Telephone (_____) _____-_____

Name _____ Telephone (_____) _____-_____

Name _____ Telephone (_____) _____-_____

Please check all that apply:

IMPAIRMENTS

____ Visually Impaired
____ Hearing Impaired
____ Speech Impaired
____ Non-English Speaking

MENTAL CONDITION

____ Alert
____ Semi-confused
____ Confused
____ Not Conscious

WALKING ABILITY

____ Independent
____ Needs assistance
____ Unable to walk

MEDICAL CONDITION

____ Catheter/Ostomy
____ Cardiac
____ Stroke Condition
____ Seizures
____ Diabetic
____ Asthma
____ Paraplegic
____ Quadriplegic
____ Special Diet
____ Dementia
____ Other

EQUIPMENT NEEDS

____Oxygen
____ Nebulizer
____ Respirator
____ Suction
____ IV
____ Dialysis
____ Tube Feeding
____ Walker/Crutches/Cane
____ Wheelchair (WC)
____ Working Animal (Seeing eye dog, etc.)

METHOD OF TRANSPORT

____Car
____Wheelchair accessible transport
____ Stretcher transport
____ Ambulance only

Please list any other medical conditions not listed above, or any severe allergies that you may have:

_____

_____

_____

Physician Name's _____ Telephone (_____) _____-_____

Hospital of Preference _____

Location your medical records are kept _____

The following information is critical; please answer, sign, and date. The release of this information will in no way affect your service(s). We are releasing this information only for the purpose of disaster planning.

Do you give permission for this information to be shared with your County 911 Service and your local Emergency Management Agency (EMA)? _____ Yes _____ No

If you are, or should become, dependent on Electrical Medical Equipment, may we share only your name, address, phone number, and type of equipment with Georgia Power Company or your local electric company? _____ Yes _____ No

Sign Here: _____ Date Signed: _____